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ABSTRACT

This talk which describes the child welfare situation in Canada in terms of children, parental and state responsibilities focuses on state responsibilities. Basic policy issues of child welfare are discussed, particularly the current state of federal-provincial cooperation in the national health insurance program, and recent changes in the system of federal contributions. The overall picture, statistically illustrated, is seen as a negative one, with large numbers of Canadian children currently "in care," i.e. living away from their natural families, in institutions or in foster or adoptive homes. A significant percentage of these are American Indian children. Shortcomings in the educational system and, more particularly, in the system of national health care reflect a failure of federal and provincial governments to take adequate responsibility for child welfare. Medical fee extra-billing practices are illustrated by a table on abortion fees. Tables include statistics on numbers of children "in care" over the past several years, as well as birth and adoption figures for the Indian population. (BF)

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The Canadian Council on Social Development

THE EXERCISE OF RESPONSIBILITIES TOWARDS CHILDREN BY PARENTS AND THE STATE

by

H. Philip Hepworth

Paper prepared for presentation at the
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THE EXERCISE OF RESPONSIBILITIES TOWARDS CHILDREN BY
PARENTS AND THE STATE

I was most pleased to accept the invitation of your President and your Executive Director to speak to you tonight. I was offered a choice of topics (1) the role your Federation and member agencies could play in implementing some of the provisions of the proposed federal (personal) Social Services Act, especially those concerning family planning services, and (2) what does one have to do to be a responsible parent in Canada today? Either of these topics provides the opportunity or the temptation to be prescriptive, to offer solutions to problems that perhaps do not exist, or that we barely understand.

I am reminded of a quotation in a book on plain English that goes like this "nothing is less likely to appeal to a young woman than the opinions of old men on the pill."

Well I'm not an old man on the pill, and I don't even like to admit that I'm a middle aged man, whether on the pill or not.

I do not propose tonight to talk primarily about family planning services and the provisions of the proposed Social Services Act.

I would like to say a little instead about children, parental responsibilities and state responsibilities. I believe this is a subject with which you, in the Planned Parenthood Federation of Canada, are deeply concerned. Your title in English perhaps expresses this concern more explicitly than does your title in French, but I believe the values and assumptions on which you base your work can be summed up in two words "wanted children." A great deal is going on in Canada at the moment which affects children, and involves the state in the exercise of its responsibilities towards children and families and which generally involves the welfare of Canadians. Yet this issue of the welfare of people has not been really the main subject of public debate, and so far as I see has not been addressed directly by the new fiscal arrangements act about which I will speak later. I hope there will be more opportunity

for debate when the Social Services Act and the Young Offenders Act are finally tabled, because their implementation will require the willingness of provincial governments to act and to introduce new and improved programs and services to help people.

One day last spring, May 1976, I noticed birds pulling at pieces of string fastened to bean poles in my garden. The birds would pull at the string, and fly off only to be pulled up short, because the string was still tied to the poles. Time and time again they did this, until finally I went outside and cut the string loose, but left it on the poles. I then went inside and did other things. A little while later I noticed the string had gone. Now you can say there was nothing remarkable about this - this was ordinary nest-building activity. It struck me at the time that often in our social affairs we start off full of enthusiasm in certain directions only to be pulled up short because of various constraints, usually lack of resources. It took me some little time to realize that what happened with the birds after the string was cut was significant because it was unremarkable. The birds were enabled to go about their normal nest-building activity without any fuss or bother. I might add the birds were back this spring and I provided ready cut string.

I realise that all sorts of analogies, morals or slogans can be drawn from this example of the birds, and I don't think I would like all of them - something along the lines of the wartime slogans - "give us the tools we'll do the work" or "helping people to help themselves" or "helping people to stand on their own two feet." I remember one local politician making this latter remark about a man with no legs, who lived in a home for the aged but who because he was still quite young went out every day to earn his living. The politician wanted him to pay more rent for his board and the garage for his invalid car, but failed to recognize the man's tremendous efforts on his own behalf.

I think the point about the disappearing string is that no one notices when something is working well, or when something is presumed to be working

well. There is a twofold danger in this type of situation. Some social programs because they are working well are taken for granted or overlooked and ignored, and over time they may work progressively less well. Some social problems are overlooked because the causal connection between the problems and the appropriate resources or solutions is not obvious. The analogy between nest-building and housing is a fairly blatant one, but we in Canada have still not come to regard housing as a social service, as a resource to which all people should have ready access. We tend to regard social services as things given to people; it might be more appropriate to regard them as part of any modern society's self-maintenance arrangements. It is a matter of common prudence to ensure that children are brought up in satisfactory material conditions, and this includes housing and proper health and nutritional services.

You may remember that a few years ago Canada was lagging rather badly among the nations of the world in the area of infant mortality rates. Since then a lot has been done to improve pre-natal and post-natal services, and as a result Canada has moved towards the top of the international league tables. But this flurry of activities in the perinatal period does not carry on throughout the pre-school years, and as a consequence poorer children lose ground at a crucial period in their lives.

I would like to say a little about the work of the Canadian Council on Social Development. I see the Council's role as a two-fold one. (1) We have a responsibility to recognize and identify social problems and to explore possible remedies for these problems; this process involves a continuous examination and monitoring of social and economic policies and their relationship to both the problems and possible solutions. Very often this involves not so much a minute description of the problem - for example the bird pulled back by the fastened string, but rather why the string is fastened and how it may be loosened or untangled. We are very much involved then in examining how we organize our social affairs and deliver our services, and how more resources may be obtained, or existing resources may be better deployed. (2) Our second responsibility at the Council is I believe to play

an educational role. Like any modern country Canada is an immensely complex society. I think we tend to regard it as being so complex that little can be done to make it less so. Much of this complexity though is perpetuated because we do little to make things more comprehensible. In my own field of personal social services - which is an ill-defined group of services - my work has consisted in attempting to review and assemble some kind of national picture of these services. This is an ongoing task. I am currently engaged in trying to assemble a national picture of the child welfare services as they exist today and as they have operated in the last fifteen or sixteen years.

Why you may ask is a national picture or description of the child welfare services needed? The short answer is that the services involve a lot of children, and second in importance they cost a lot of money. During the last fifteen or more years some major social and legislative changes have occurred, which have, I believe, a profound interest for your organization, and are highly relevant not solely to children in the care of the child welfare services but also to the welfare of children in general.

Even though the child welfare statistics I have been able to assemble thus far leave a great deal to be desired, they raise many questions which need investigation. Even in absolute terms I think there is cause for alarm; in relative terms there is still more to be concerned about. For the purpose of comparison, and because the statistics available are fairly reliable I have compared published British figures with the Canadian figures for the year 1971. In that year the United Kingdom had a population of 55.7 million and Canada a population of 21.6 million. The number of children in care in England, Wales and Scotland at the end of the accounting year (March 31 in England and Wales, December 31 in Scotland) was 102,200. The comparable figures for Canada were in the region of 92-96,000 (provinces 92,143; CAP 96,164) in 1970/71, and 90-92,000 (provinces 90,104; CAP 92,362) in 1971/72. The number of adoptions was 23,399 in Great Britain (ie. England,Wales and Scotland) in 1971; in Canada they were 19,850 for 1970 or 1970/71, and 19,893 for 1971 or 1971/72. The illegitimacy rate as a percentage of live births was 8.2 in the United

Kingdom and 9.6 in Canada; this percentage rose in both countries in 1972. The number of children under 15 was 13.4 million in the United Kingdom and 6.2 million in Canada.

It can be argued that comparisons such as these are unwise and even dangerous, because conditions and jurisdictions differ between countries; this argument can also be applied to comparisons between provinces in Canada. But even when allowances and adjustments are made for some of the more obvious differences, some large questions remain. (There are some retarded and handicapped children included in the Canadian figures; some 6,000 retarded children in hospitals are excluded from the U.K. figures, but other handicapped children are included.)

One important but not complete explanation of the Canadian figures is the number of native children in care. Some months ago I was given estimates of the percentage of children in care who are native children. The percentages were Manitoba 60 per cent, Saskatchewan 50 per cent, Alberta 40 per cent, British Columbia 40 per cent, the Yukon 90 per cent. These percentages would have accounted for about 12,700 of the 80-85,000 children in care at the end of 1974/75. There are more native children in care in Northern Ontario and probably in Quebec.

(Figures provided by the Department of Indian and Northern Affairs show that there were 5,400 registered Indian children in care in 1970/71. Roughly two-thirds of this number are probably included in the earlier figures.)

An estimate given to me recently in Saskatchewan was that one in ten Indian children were in care in that province.

Now we know that one of the reasons why Canada had such poor infant mortality rates a few years ago was because of the high mortality rate among native children, and we know that health services have improved. But we have to ask "To what end?" Is it simply so that a high proportion of all native children should come into care and find uncertain lodgings in their early lives in foster and adoptive homes?

There may be good cultural reasons why the term illegitimacy is not a particularly valid or relevant label to attach to the many native children born out of wedlock. I am not competent at this stage to judge. What I think may be reflected by this term is the existence of many single parent native families or many families where the relationships are unstable. If this is so, I think we should ask if there are other factors which place unfair and unnecessary stresses on the family life of the native peoples whether they live on reserves or off. I think we know that there are; these include broad economic reasons as well as the specific need for adequate income support services, the lack of appropriate educational and employment facilities, the continued problem of adequate housing and health services; finally I think there is probably the need for self-governance and self-respect.

I have suggested that the number of native children in care does not entirely explain why Canada has so many children in care. The British example affords very little reassurance; their figures are not artificially low; in fact there is concern there that they are so high and that they continue to rise; there is concern there that standards have fallen in the child welfare services in recent years. Several recent British enquiries into the deaths of battered children have revealed serious weaknesses in the professional services involved, and the seeming inability of different professions to collaborate to secure the best interest of a particular child.

I think all of these problems are repeated many times over in Canada; moreover I think that some of our basic community services, health, housing, education, child welfare, police, are not as well articulated or linked as they are in the United Kingdom. As I wrote these words a general practitioner from New Brunswick phoned me and mentioned that the nearest public health nurses available to him were 25 miles away. One can imagine the practical problems involved in trying to keep an eye on a family where child abuse is suspected when resources are as thinly scattered as this. Not only is this not a unique situation, because it is part of living in a huge country like Canada, but it has been made worse in recent years by cutbacks in the number of

public health nurses and social workers.

The child welfare services provide a fairly literal example of the state as parent - in the Latin phrase the state is "in loco parentis." We do not know whether children coming into care are actually better off than if they had stayed with their families; sometimes they obviously are, but sometimes the outcome is debatable.

It may seem in what I have said thus far that I have dwelt at length on the state's responsibilities and very little on parental responsibilities. I have done so because I do not see a sharp dividing line between the two. I would argue that the state's role should be facilitative or supportive of the parental role. I believe the modern state has the responsibility to provide good universal social services. It is not so effective when it intervenes in people's lives on an individual level. I think though that it is a dangerous delusion to think that the state should do as little as possible and leave with or transfer back as much responsibility to the family; that I believe is to ignore the whole history of the industrial revolution; it is to hanker after a golden age which probably never existed. Nonetheless as you well know the family is featuring fairly prominently in political rhetoric at the moment as governments seek excuses to cut back important social services all in the name of supporting or strengthening family life.[1]

Whether we use the example of the birds and their nest-building or the native peoples and their right to self-determination, or look at ourselves, what we have in common is a need to go about our daily lives and to have the resources to do so. To coin a phrase "government's role should be facilitative not debilitative." I think that given the opportunity mankind has always been a purposive animal. I believe the role of social services in a modern society is to enable people to go about their daily business. It is no part of the job of the social services to punish people because of their lack of moral worth, to provide sustenance with one hand and take it away with the other, which frankly I believe has been the experience of many native and poor people in Canada.

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1 See Joan Cooper, "The Uneasy Response to Social Problems and Private Sorrows." Social Work Today, 22 January 1976.

I think I am saying two things - government or the state has an important role to play in providing adequate social services - and by these I mean income security, health, housing, education, employment and personal social services, but it has no right to provide these services in such a way that it is degrading to accept them; yet we know that this has been the experience of many users of these services. I am saying that there is a deterrent and punitive aspect to many of these services.

You may say income security - yes some welfare and unemployment insurance recipients have a bad time trying to draw benefits; housing, yes - some applicants for or tenants of public housing have bad experiences at the hands of the authorities, but surely not education or health.

Let me cite one example from the recent OECD report on education policies and services in Canada. The report mentions at one point the similar comments of two school principals, in different parts of Canada, and each with very different work backgrounds; they were speaking about the work of the vocational technical schools they were heading up, and I quote "In almost the same words they announced that the major function of the school was to undo former developmental injury - even, perhaps "school injury" - in a school which constituted a new setting, and that the vocational aspects of the school were considered subordinate to this larger therapeutic end"[2]

I would like to go on to quote a further comment from the OECD report:

> If a sizeable number of students can be helped (i.e. in separate vocational-technical schools) by being given confidence in their own capacities once again, this seems to indicate:
> - a lack of proper guidance in the regular schools, for the students usually arrive in the schools (i.e. separate vocational technical schools) after having received a number of repeated checks that have strongly affected them.
> - certain weakness in the composite schools, as they are generally conceived and organized in Canada. They apparently are not successful in achieving their goal of providing <u>all</u> children with the education that best fits them.

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2 Canada, Organization for Economic Cooperation and Development, Reviews of National Policies for Education: Canada, (Paris, 1976), p.111.

... a section of the school population is being given short shrift.[3]

Actually these quotations probably understate the seriousness of the OECD Examiners' comments.

I would like now to give two quotations from the recent Badgley Report on the operation of the abortion law. The first is a quotation included in the report from a former Deputy Minister of Health of the Department of National Health and Welfare concerning the establishment and operation of the Canadian health care system.

> The greatest benefit has been the provision of financial accessibility to health care ... no longer do people wait to seek care because they cannot afford it and a sudden illness or accident is not a financial catastrophe for an individual or a family. It is a fact though that the very poor are still not utilizing the system as much as they could for a variety of reasons: lack of a baby-sitter, taxi or bus fares."[4]

> In a health insurance system with no direct financial burden on the patient, the only deterrents to seeking care are the time and trouble involved, and there is a large untapped reserve of "beneficial" services which can be offered.[5]

I think myself that there are many other deterrents to seeking health care than those just cited, even where services are supposedly free. But supposing a woman has overcome her fear about seeking an abortion, what then? I quote directly from the Badgley Report.

> The conclusion that there are no financial deterrents to obtaining health services was not valid for the 20.1 per cent of 4,754 women who had therapeutic abortions in eight provinces in 1976. Between a quarter to a third of young abortion patients were extra-billed. There were sharp regional differences in this practice and in the actual amounts of money which many women were charged. In general, women who had less education and who had not been born in Canada had to pay more. The direct impact of these charges influenced the relative accessibility by the social circumstances of women to these medical services. The combined consequences of either the largest fee charges or the most extensive extra-billing involved abortion patients who were the most socially vulnerable: young women; newcomers to Canada; and the least well educated.[6]

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3 Ibid., p.112.

4 Quoted in Report of the Committee on the Operation of the Abortion Law, p.404, from Maurice Le Clair, "The Canadian Health Care System" in S. Andreopoulos, ed., National Health Insurance: Can We Learn From Canada? (New York: John Wiley and Sons, 1975), p.42.

5 Ibid., p.404: p.79.

6 Report of the Committee on the Operation of the Abortion Law, Supply and Services Canada, (Ottawa, 1977) p.405.

This finding is based on the 1976 national patient survey undertaken in 24 hospitals in eight provinces (Newfoundland and Price Edward Island were not involved). At 6 of the 24 hospitals there was no extra-billing of abortion patients (1 New Brunswick, 2 Quebec, 2 Ontario and 1 Manitoba). The table of findings shows some extraordinary biases, with on average women under 20 paying more, women with only elementary schooling, and so on. (See Table 1.)

The response of the Minister of National Health and Welfare, Mr. Lalonde, to the Badgley Report was as you are probably aware a very carefully and I think cautiously worded statement on March 4, 1977, in which in the words of one informant he took a tougher stand on family planning, and moved the policy of his Department from a policy of provision of information on request, and I quote "from a basic" response to request, "to a policy of active promotion and publicity of family planning information."[7]

Mr. Lalonde went on to say:

> It is my intention to point out to the provincial Ministers that, under the terms of the 1958 Hospital Insurance and Diagnostic Services Act and the 1968 Medical Care Act, services designated as comprehensive and universal, and required by the public, should be honoured.[8]

Mr. Lalonde stressed that the various steps he was proposing would not, because of financial restraints at the present time, entail additional expenditures in terms of man-years or dollars. It should be noted in passing that Mr. Lalonde had to face a barrage of criticism in the House of Commons because his support of family planning was somehow interpreted as support of therapeutic abortions as a means of family planning.

We should look at other recent developments if we are to get any of these individual items into perspective. When speaking about the Federal-Provincial Fiscal Arrangements and Established Programs Financing Act 1977 Mr. Lalonde spoke of it in the House of Commons as "this important, indeed historic, bill."[9] It represented for the federal and the provincial governments "another important step in the maturation of our national health care system."[10]

> Probably the single most significant development in the health field in Canada over the last two decades has been the implementation of our universal health insurance scheme. The federal government's primary concern in this area was to ensure the development of uniform health insurance programs throughout the country. As a result, we offered to share the costs of these programs on the condition that provincial plans met the broad criteria of administration by public authorities, universality, comprehensiveness, and portability from one province to another.[11]

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7 Statement by the Honourable Marc Lalonde, Minister of National Health and Welfare, March 4, 1977, p.2.

8 Ibid., p.4.

9 Hansard, 3 Ott. Parliament Debate No. 72, 2nd Session, February 22, 1977.

10 & 11 Ibid.

TABLE 1. Health Insurance Coverage and Medical Fee Extra-Billing of Abortion Patients

NATIONAL PATIENT SURVEY

Characteristics of Patients	Health Insurance Coverage and Extra-Billing		
	Have Health Insurance Coverage	Proportion of Patients Who Were Extra-Billed	Average Sum Paid for Extra-Billing
	percent	percent	dollars
AGE			
15 years and under	100.0	33.3	76.09
16-17 years	96.8	24.4	74.69
18-19 years	94.9	26.3	78.32
20-24 years	95.3	19.9	75.83
25-29 years	96.6	17.3	75.60
30-34 years	98.1	14.5	71.63
35 years and above	97.4	13.3	73.16
COUNTRY OF BIRTH			
Canada	97.4	21.1	72.12
Europe	96.6	15.6	86.25
India	94.3	14.4	78.33
U.K. and U.S.A.	93.3	20.5	75.23
West Indies	90.7	17.7	102.52
Other	92.0	19.4	78.76
EDUCATION			
elementary school	96.5	10.9	79.06
high school	96.3	20.5	74.12
college/university	96.2	22.0	71.96
MARITAL STATUS			
single	95.7	21.0	74.18
married	97.8	16.2	67.88
widowed, divorced, separated	96.2	22.0	78.47
REGION			
Maritimes	99.2	13.7	25.97
Quebec	96.8	1.8	78.50
Ontario	96.9	18.4	75.49
Prairies	97.3	58.8	74.95
British Columbia	92.8	11.3	85.39
RELIGION			
Catholic	96.1	14.1	79.09
Jewish	95.5	11.7	101.72
Protestant	97.9	29.0	70.45
Other	95.0	18.0	76.92
AVERAGE	96.5	20.1	73.71

SOURCE: Canada, Minister of Supply and Services, Report of the Committee on the Operation of the Abortion Law, (Ottawa, 1977) Table 15.7, p.403.

> Because the very existence of those programs is no longer questioned, the administrative presence of the federal government can be reduced and the operation of the system can become even more effectively controlled by the provincial administrations.[12]
>
> Even if federal-provincial administrative mechanisms will no longer be as complex (my underlining) and if the federal contribution will no longer be based on the cost of provincial programs, the financial share of the federal government will continue to be related to the implementation in provincial medicare programs of the following objectives: the globality of the guarantee concerning the services, universal application to the whole population, transferability of benefits among provinces and service availability not restricted by excessive user fees, and finally, non-profit administration by a public agency.[13]

A few months later Mr. Lalonde said on the same subject in an address to the Annual Conference of the Victorian Order of Nurses:

> Federal contributions in future will take the form of a transfer of tax room and associated equalization to the provinces, in conjunction with equal per capita cash payments. The exact formulae are so complex that only an economist could love or understand them (my underlining), but what they amount to is that the federal government will transfer to the provinces several personal income tax points plus one corporate income tax point, and that these will be equalized to the national average under the general equalization provisions. The cash payments will consist of equal per capita grants based on federal contributions to these programs in 1975-76, and escalated thereafter by a three-year moving average of nominal gross national expenditures per capita. At the outset, these cash payments will be about equal to the tax room transferred, and will gradually be adjusted over time so that all provinces at the end of five years will be receiving grants based on the national average.[14]

In a speech the following week to the Canadian Hospital Association Mr. Lalonde said:

> ... I want to emphasize that introduction of new federal/provincial financial arrangements for the basic health care programs should not be seen as abdication by the federal government of an interest in improving the overall quality of the Canadian health care system. The untying of the federal financial contribution from direct program costs has not resulted in a reduction in the level of our financial contribution ... indeed, it has increased substantially. Moreover, our efforts to cooperate with the provincial departments and with health groups to improve the quality of health care will be increased, not contracted, in the coming years.[15]

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12 Ibid.

13 Ibid.

14 Health and Welfare Canada. Notes for an address by the Honourable Marc Lalonde to the 79th Annual Conference of the VON for Canada, May 6, 1977, p.3.

15 Health and Welfare Canada, Notes for an address by the Honourable Marc Lalonde to the Canadian Hospital Association, "Health Policy and Financing - Where have we come from? Where are we going?" May 11, 1977.

I am sorry at this point if I sound as if I have been giving the speech which Mr. Lalonde might have given, had he accepted your invitation to speak tonight. I am still concerned with some of the basic policy issues affecting children. Mr. Lalonde may well be right about the fiscal arrangements act being historic. It may reverse some of the developments of the last twenty or thirty years. When we recognize that federal contributions to education services and extended health care services as well as the mainline health programs are involved, the reversal becomes a very serious matter indeed. In my view we cannot assume that our basic health services are working as fairly, uniformly and universally as they are supposed to be. The evidence of the Badgley Report and the plight of native children coming into care are only two examples of reasons why we must be sceptical and unsure that universal health programs are working as they should. The evidence of the OECD report on the education services and our own first hand experiences as consumers of education services either through our own schooling or through our children suggest that there are serious deficiencies in and dysfunctions of the educational system.

There has been little public debate about the Fiscal Arrangements and Established Programs Financing Act, which has been law since April 1, 1977. There has been surprisingly little publicity attaching to the Report of the Committee on the Operation of the Abortion Law. Similarly we have heard little about the OECD report on education policies in Canada. The proposed Social Services Act has still to be tabled at the time of writing, but is strictly a product of confidential negotiations between the federal and provincial governments. The proposed Young Offenders Act is the result of a more public but very protracted process of policy-making, in which even now there is no full federal and provincial agreement. Some of this lack of agreement between the federal and provincial governments arises because there is a similar lack of agreement between ministries and departments at the local level.

These issues and many more are of vital significance to our national welfare, but receive very little attention during this period of preoccupation with the Quebec question, with the energy question and the economy question. Yet of course these issues are all intertwined. As with the question of more native children surviving infancy, or more people living longer, to what end do they live, if we have not sorted out some of the basic issues of how we order our social affairs, if we have not eliminated some of the basic inequities and disparities across Canada today?

I think we should recognize that under our present federal system it is possible for politicians to duck some of the more difficult decisions facing them. If the counselling part of family planning services is to be provided free under the proposed Social Services Act why not also provide free contraceptive supplies as has been the case in the United Kingdom since early 1975?[16] Why not at the same time go one step further and make those contraceptives at present only available through medical practitioners available through non-medical sources, a step recently recommended by a working group in the United Kingdom;[17] this is a question on which we at the Council have been awaiting an opinion from the Society of Obstetricians and Gynaecologists of Canada since 1975.

The point is of course that matters such as freer access to family planning services are political decisions and a refusal to make real changes in existing arrangements, is a refusal to recognize present day realities and knowledge. In a book published in 1972 the British scientist, Peter Medawar has this to say on the subject of abortion.

> If the termination of a pregnancy is now in question, scientific evidence may tell us that the chances of a defective birth are 100 per cent, 50 per cent, 25 per cent, or perhaps unascertainable. The evidence is highly relevant to the decision, but the decision itself is not a scientific one, and I see no reason why scientists as such should be specially well qualified to make it. The contribution of science is to have enlarged beyond all former bounds the evidence we must take account of before forming our opinions. Today's opinions may not be the same as yesterday's, because they are based on fuller or better evidence. We should quite often have occasion to say "I used to think that once, but now I have come to hold a rather different opinion.' People who never say as much are either ineffectual or dangerous.[18]

If such matters as abortion are questions for political decision they are also moral and personal questions. In matters of sexual morality adults have to be pretty honest about their own moral standards. If a parent does

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16 Sarah Curtis, "Free pills for all," New Society, 26 June 1975.

17 Michael Schofield, "A New Prescription for the Pill," New Society, 6 November, 1975.

18 P.B. McClewar, "Science and the Sanctity of Life" in The Hope of Progress, Methuen and Co.Ltd. (London, 1972), p.99.

not like his teenage children sleeping around, he has to say so, but if he is to keep any link at all with his children, he will also have to offer advice about contraception; in other words concern about the welfare of children is unconditional, whether advice is listened to or not. But if we are to command any respect from our children we have to be willing to change with them. "Today the world changes so quickly that in growing up we take leave not just of youth but of the world we were young in."[19]

I would like in closing to use an example from the field of competitive sports to see whether it tells us anything about our values and how we should approach the future. I would suggest to you that it is easier to raise a happy child than it is to raise a future hockey star or figure skating champion. Why is this so? It is because to be a successful sportsman a goal has to be chosen at an early age which is then pursued with fierce determination and concentration for many years, and even then the odds against success are high. I don't believe we can use this competitive approach in the race of life, both the cost of failure and the price of success are too high.

The challenge facing a parent is quite different. Caring is a day to day matter, and much mutual accommodation between mother and child takes place in the first few weeks of life, and the father is involved in making compromises too. This process continues as the child grows up. Some short-term goals may be aimed for, but reaching them is not usually the be-all and end-all of life. Life continues, other things intervene. Raising a child then is a question of accommodation, of constant adjustment, of seeking to promote happiness in little things as well as in big things. Finally it is a question of caring in an uncontrolling way, of allowing children and young people to make their own decisions in the light of the circumstances they face. The parent's caring of course continues; it too takes account of changing circumstances. In this way I think we can hope to raise a happy child, and a happy adult.

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19 Ibid., p.124.

I would argue that the challenges facing politicians and those facing parents are essentially the same. We have to change our opinions as the facts change. But in recognizing the facts for what they are we should not abandon principles for the sake of expediency alone. Because a pressure group like the gun lobby mounts a considerable campaign to retain the privilege of owning guns without surveillance, this does not alter the fact that most homicides are committed with legally owned guns. In other words there is a need for politicians and governments to take a principled stand on some issues affecting the greater public good, and to stick by their principles.

The analogy between parents and governments, I think is a valid one. Governments are the elected representatives of the people; they are the guardians and custodians of the public good. They must have a lively awareness of changing circumstances, but keep in mind when they change policies not their own survival but instead the welfare of the whole nation.

TABLE 2. Children in Care of the Provinces

Year	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.(a)	Man.(b)	Sask.	Alta.	B.C.	Total	Total Recorded In Care Under CAP
1970/71	1,839	425	3,338	3,310	40,180	17,807	3,636	3,273	8,360	9,975	92,143	96,164
1971/72	1,768	416	3,144	3,004	40,354	16,319	3,549	3,231	8,045	10,274	90,104	92,362
1972/73	1,735	342	2,928	2,824	36,392	15,119	3,579	3,117	7,054	9,913	84,003	88,485
1973/74	1,479	333	2,739	2,798	33,911	14,269	3,690	2,975	7,686	9,584	79,464	80,773(e)
1974/75	1,410	307	2,511	2,855	32,343	13,718	3,436	2,733	10,798(d)	9,883	79,994	85,337
1975/76							4,282	2,610				66,000(f)
1976/77								2,715(c)				

SOURCE: Provincial Annual Reports and published statistics.

Note: (a) Children in care on December 31, 1970, 1971, 1972, 1973, 1974, etc; does not include juvenile delinquents.
(b) Wards in care on December 31, 1970, 1971, 1972, 1973 and 1974; wards and non-wards on December 31, 1975.
(c) Includes 159 children in care of Dept. of Northern Saskatchewan on March 31, 1977.
(d) Includes probationers and handicapped children.
(e) Includes 478 in Yukon.
(f) Source: Canada Assistance Plan, Annual Reports.

TABLE 3. Adoptions Completed, Finalized or Registered

Year	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	NWT	Yukon	Total
1970		145				7,850	1,250		2,439				
1970/71	528		688	250	3,378			518		2,804			19,850
1971						7,245	1,346		2,401				
1971/72	526	144	723	424	4,118			630		2,306			19,893
1972						5,701	1,615		3,318				
1972/73	533	97	817	238	3,564			554		1,820			18,257
1973						5,664	1,318		2,222				
1973/74	635	99	723	227	3,297			578		1,920			16,683
1974						5,227	1,565		1,997				
1974/75	522	118	923		2,901			632		1,721			15,606*
1975						4,971	1,332		1,592				
1975/76		108	729					452					
1976							1,489		1,933				
1976/77													

SOURCE: Provincial Annual Reports relating to child welfare services and vital statistics, and miscellaneous other official sources.

* New Brunswick figures not available.

TABLE 4. Events for Total Registered Indian Population 1975

	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	NWT	Yukon	Total
Legitimate births from earlier years	5	52	25	204	347	277	350	154	153	23	1	1,591
Illegitimate births from earlier years	-	26	13	57	223	250	521	307	221	34	10	1,662
Legitimate births in current year	5	22	43	377	504	379	334	218	373	70	9	2,334
Illegitimate births in current years	4	21	30	118	334	320	507	531	544	78	39	2,526
Adoptions within bands	-	2	-	10	10	3	1	12	2	13	-	53
Adoptions between bands	-	-	1	2	25	11	7	2	11	4	-	63
Adoptions by non Indians	-	-	-	-	51	102	95	16	52	16	7	339

SOURCE: Information provided by Department of Indian and Northern Affairs.

TABLE 5. Size of Native Population as Reported in Recent Census Reports

	1971	1972	1973
Registered Indians*	257,619	264,680	270,494
Band Indians*	231,120		

SOURCE: Perspective Canada, p.240.

* Meant to be equivalent terms.

Census (1971)	
Indians	295,215**
Inuit	17,550

SOURCE: Statistics Canada 1971 Census.

TABLE 6. Location of Children in the Care of the Child Welfare Authorities at the End of the 1974 Calendar Year and the 1974/75 Fiscal Year

	Foster Homes	Boarding Home	Free Home - Relatives	Adoption Home	Institutional Resources	AWOL	Children	Other	Unknown	Total
Nfld.	1,076				334					1,410
P.E.I.	245			27				35		307
N.S.	1,888	111	107	213	101			9	11	2,440
N.B.	2,040*		240*	390*	150*			35*		2,855
Que.	20,292				12,051					32,343
Ont.1974	7,851		862	1,489	2,531			985		13,718
Man.1974	2,250*			535*	300*			351*		3,436
Sask.	2,012		305	223	193					2,733
Alta. 74/75	3,826	104	2,808	525	1,330	109	2,096			10,798
B.C. 74/75	6,109	227	971	473	1,926	177				9,883
Total	47,589	442	5,293	3,875	18,916	286	2,096	1,415	11	79,923

SOURCE: Provincial Annual Reports and other documents.

* Estimate